

PLEASE *Read Instruction Page* (attached):

1. YOUR NAME Carolyn M. Wiggin		2. EMAIL Carolyn_Wiggin@fd.org		3. PHONE NUMBER 916-498-5700		4. DATE August 18, 2023	
5. MAILING ADDRESS 801 I Street, 3rd Floor				6. CITY Sacramento		7. STATE CA	
9. CASE NUMBER 2:20-cr-00175-TLN-1		10. JUDGE Troy L. Nunley		8. ZIP CODE 95814			
13. CASE NAME United States v. Felkins				DATES OF PROCEEDINGS			
				11. FROM March 17, 2022		12. TO March 17, 2022	
				LOCATION OF PROCEEDINGS			
14. CITY Sacramento		15. STATE CA					
16. ORDER FOR							
<input checked="" type="checkbox"/> APPEAL No.		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>							
TRIAL		DATE(S)		REPORTER		HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION						Change of Plea Hearing	
<input type="checkbox"/> OPENING STATEMENTS						March 17, 2022	
<input type="checkbox"/> CLOSING ARGUMENTS						Kimberly Bennett	
<input type="checkbox"/> JURY INSTRUCTIONS							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE /s/ Carolyn M. Wiggin				PROCESSED BY			
20. DATE August 18, 2023				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			